SECTION VI. MENTAL HEALTH

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A. OVERVIEW

Mental health researchers in the United States have rarely included Arab-American subjects in their studies. Given the increasing number of immigrants from the Middle East to the United States during the last 20 years, the lack of research is worrisome. The 3rd Biennial National Conference on Health Issues in the Arab-American Community provided some basic mental health data on this growing, but neglected, population. The objectives of the mental health section of the conference were: 1) to provide a brief overview of some migrant issues affecting emotional and behavioral well-being; and, 2) to introduce topics that address the mental health of Arab Americans.

The issues discussed varied from the impact of stress attributed to acculturation on young, second-generation Arab Americans to concerns about its effects on the elderly members of the community. In this overview, we provide a brief summary of each presentation.

During the conference, the mental health presentations touched on rich and diverse themes. Dr. Carlos Gonsalves provided an overview of migrant issues affecting the mental health of immigrants, refugees, and asylum claimants in his address found in ''Part B: Refugee hurdles, caretaker challenges, and mutual openings.'' Gonsalves describes international migrant hurdles, such as lack of financial support from developed countries, and the 27% wage decline of migrant wages during the last 30 years. However, national policy also affected migrants negatively. For instance, the US Congress approved 70,000 refugee admissions in 2002, whereas actually only 27,075 were admitted. As of June 2003, only 17,415 refugees had entered the country, even though Congress had again allowed the admission of 70,000.

At the same time, mental health providers face a challenge of their own—a paradigm shift from a modern to a postmodern model. The change in perspective became most apparent in mental health discussion of posttraumatic stress disorder (PTSD), a common diagnosis for refugees and asylum seekers. PTSD is viewed as trauma located in the brain and experienced as an individual catastrophe that leads to an overwhelmed information processing system and shattered mental schemas. A postmodern approach understands trauma as rooted in a survivor's broken world, not in a broken mind. A postmodern perspective emphasizes context—the cultural, social, political, and religious world of the survivor—rather than content—what happened to the individual, how the survivor felt and thought. Openings to resolve these hurdles and the challenge were to be found in policy changes that addressed the psychological threat migrants could face. Gonsalves recommended an emphasis on the economic fact that migrants contribute more to the economy of the country than they cost in public assistance.

Trinka Robinson, MS, discussed ''Each One Is a Doctor for Herself'': Ramadan Fasting Among Pregnant Muslim Women in the United States.'' While Ramadan (a holy Muslim commemoration) tended to occur during most pregnancies, many pregnant females might delay their dawn-to-sundown fast during the 30 days of Ramadan. To find out more about the effects of this fasting practice, 32 healthy pregnant females between the ages of 22–45 were divided into six focus groups to explore their experiences of fasting, as well as their collaboration with healthcare providers during their pregancies. Research conducted in Great Britain indicated that 45%-90% of pregnant Arab females fasted during Ramadan. They found that these pregnant patients tended not to disclose their fasting practices to healthcare providers and took all medications after sunset to comply with their fast. No documented negative finding resulted from their fasting; Apgar scores were high following delivery and fetal deaths low. In addition, no increase of urinary tract infections surfaced, nor did amniotic fluid decrease. The findings of this study reported that 28 of the 32 pregnant Arab-American females had fasted at some time during at least one pregnancy. Half of the sample had fasted the entire month. Other results showed that pregnant immigrant Arab-American females tended to fast more days than native-born females. Most females reported that they felt fasting was safe, and a healthy practice physiologically, spiritually, and socially. However, although all 32 of them received prenatal care, only 19 of them mentioned their fast to the healthcare provider. The non-revealing females did not want to be talked out of a fast simply based on a critical provider who did not understand Ramadan. Robinson concluded that healthcare providers needed to: 1) relate to their patients non-judgmentally; 2) assess risk factors (eg, kidney stones); and, 3) encourage the patient to return to discuss the process of the pregnancy. The presenter demonstrated the usefulness of the brochure ''Information for Women Who Want to Fast during Ramadan.'' The brochure was developed by, and is available through, ACCESS.

In Part E, Dr. Ibrahim A. Kira's presentation addressed ''The Effects of Stigma Consciousness on Mental Health.'' Dr. Kira explored stigma consciousness as a form of prejudice and of how a diagnosis of a severe mental disorder could affect the endorsement of stigmatizing beliefs about the self and decreasing self-esteem. A study group of 286 clients from ACCESS responded to two scales: one assessed stigma consciousness; the other was a Cumulative Trauma Disorder Scale developed and standardized by Dr. Kira. Of the 286, 40% were male. Thirty-seven percent of the subjects were American citizens, while 16% were alien residents, and 47% were refugees. Findings revealed that a combination of depression and anxiety yielded the highest correlations with stigma consciousness. However, suicidality did not prove significant. Comparisons between tortured and non-tortured clients indicated that tortured clients reported less stigma consciousness, probably due to the self-perception of the survivor as a victim of political, ethnic, or religious persecution, rather than a personal failing. Three conclusions resulted from the study: 1) stigma consciousness did contribute to the severity of most symptoms of a mental disorder; 2) stigma consciousness severity depended on diagnosis. If a diagnosis was understood to be inherently genetic in origin, it tended to produce greater feelings of stigma consciousness; and 3) mental health providers need to incorporate strategies that address stigma consciousness into the patient's treatment approach.

Dr. Kristine J. Ajrouch discussed ''Social Relations and Mental Health Among Arab-American Elders,'' which can be found as Part I. Ajrouch pointed out that Arab Americans tended to be a recent migration group that was no longer invisible, and as a result needed the

development of a basic knowledge base. Thus, 100 Arab Americans >60 years of age were studied to assess whether differences might appear between native-born and migrant Arab Americans. Migrant refugees comprised 67% of the sample, and 33% were native-born Arabs. Gender differences were 45% male and 55% female. Some differences emerged in social network size. Native-born Arab Americans had 10 people in their networks, whereas migrants reported eight. Sick care also differed—males tended to seek more sick care than females. Elders tended to feel discriminated against more frequently, suffered from poorer health, and reported higher rates of depression than native-born Arab-American elders. Ajrouch concluded that much diversity exists among Arab Americans. Likewise, migrant elders tended to be more vulnerable and more depressed in the United States than native-born elders, possibly due to fewer network resources.

Sawsan Abdulrahim, MPH, presented information from the study, ''High-Effort Active Coping and Health Outcomes Among Older Arab Immigrants.'' Using focus groups, the intent of the study was to gain an understanding of the relationship among stress, coping, and health. The utilization of coping skills tended to moderate the effects of stress. The sample comprised 101 Arab Americans >60 years of age. Thirty-nine were native-born and 62 were migrants. The group responded to a ''John Henryism Active Coping Scale,'' which addressed attitudes of ''Who seeks, finds'' vs ''Things happen because of fate.'' Responses to the scale could vary between 12–60 points. Results revealed that the median score for both genders was 52, and no differences were found between US-born and migrant Arab Americans. Overall, the female respondents, especially those native-born, emphasized relational aspects with comments such as, ''If you are a female, you have to be partnered with your husband, and your life is affected by his decisions.'' Both genders, whether born here or abroad, agreed with the statement, ''In this country, you have to work hard.'' All Arab Americans who scored high on the scale reported two or fewer chronic health problems compared to those who scored lower. In other words, a positive ''John Henryism'' attitude that success in life was a product of one's own work seemed to be protective of the good health of older Arab Americans.

In Part K, you will find a presentation from Mona Amer, MA, ''Examination of the Impact of Acculturation, Stress, and Religiosity on Mental Health Variable for Second-Generation Arab Americans.'' The study reported on a data set collected on the Internet and related to young Arab Americans shortly after September 11, 2001. The study group proved to be small, and some measurement problems emerged. However, the data showed some differences by religion. Second-generation Arab Americans who were Christians tended toward higher levels of assimilation but also showed high stress, and that acculturation stress led to more family problems and depression. Second-generation Arab Americans who were Muslim showed higher rates of ethnic practices, maintaining Arab family and religious values, but when integrated into the society of the United States, reported increased stress attributed to acculturation. However, their intrinsic religiosity led to less family problems and depression.

The following pages offer these presentations in more details in the hopes that these conference proceedings will add to the knowledge base on the mental health that are important to overall physical health of Arab Americans. (*Ethn Dis.* 2005;15[suppl 1]:S1-94–S1-113)